

TO BE COMPLETED BY BUILDING ADMINISTRATOR

**STATEMENT OF SUPPORT
IN-STATE APPLICANTS**

"Reconnecting Youth" Training Workshop

_____, as a representative from our organization, is applying for the four-day "Reconnecting Youth" Training Workshop. **This organization is supportive of his/her participation and will implement this curriculum in the 2006-2007 school year (fall and/or winter semester).** Our representative will be given the time to facilitate a group(s) during the school year.

Signature, Title

Organization

Date

- ## "Reconnecting Youth" Training Workshop

1. Name: _____ Occupation _____

2. Address: _____

3. Telephone: Home _____ Work _____ E-mail _____

4. Sponsoring Organization: _____

Address: _____

5. Is sponsoring organization your place of employment?

Yes ___ No ___ Volunteer _____ Other _____

6. How long have you been with the sponsoring organization? _____

What is your present position? _____

7. Please explain your present and/or past significant involvement with adolescents.

8. How do you plan to use this training to help young people?

9. What has been the experience of your school system around suicide (completed and/or attempts)?

10. Are you involved with alternative education? If yes, in what way?

A \$100.00 non-refundable deposit payable to Treasurer--State of Maine must accompany this application. Please send all forms to Carla McPherson, OSA, AMHI, Marquardt, 3rd Fl, 11 State House Station, Augusta, ME 04333-0011

**YOUTH RECOMMENDATION INFORMATION
IN-STATE APPLICANTS**

"Reconnecting Youth" Training Workshop

_____ has applied for a four-day training workshop being offered this summer. Persons attending this training will learn how to lead a group for students who are at risk for problem behaviors.

Persons applying for this training are required to submit two recommendations from youth with whom they have worked. From these recommendations, we hope to learn more about the person and how well he/she works with young people. After you have completed this recommendation, please return it within one week in the pre-addressed envelope. There is no need to sign your name and your answers and comments will be held in strict confidence. Please respect the two week deadline to insure that he/she will be enrolled in the workshop.

Thank you,

Carla McPherson
Office of Substance Abuse

**YOUTH RECOMMENDATION
IN-STATE APPLICANTS**

"Reconnecting Youth" Training Workshop

A. Name of person attending training: _____
School Address: _____
School Telephone: _____

B. How long have you known this person? _____ In what relationship (counseling, work, friend, etc.)? _____

C. Please check the most appropriate answer to the following questions:

	YES	NO	SOMETIMES
1. Does the applicant listen to you and your friends?			
2. Are you and your friends comfortable with this person?			
3. Does this person ever make you and your friends feel dumb?			
4. Does this person keep promises and commitments?			
5. Do you feel comfortable sharing information and feelings with this person?			
6. Does this person every share their feelings and thoughts with you and your friends.			
7. Do you think this person understands problems facing youth?			
8. Do you and your friends trust this person?			
9. Do you think this person enjoys working with youth?			

D. What is this person's greatest strength? _____

E. What could this person do to help you feel more comfortable with them? _____

F. What one word would best describe this person? _____

THANKS FOR COMPLETING THIS FORM! YOUR ANSWERS WILL BE KEPT CONFIDENTIAL!